

**FREIGHT CHARGES ARE COLLECT UNLESS MARKED PREPAID BELOW**

**STRAIGHT BILL OF LADING—ORIGINAL—NOT NEGOTIABLE**



**ROADWAY EXPRESS, INC. (RDWY)**  
**GENERAL OFFICES: AKRON, OHIO**  
**(DUNS 00-699-8397)**

**THANK YOU FOR USING ROADWAY.**

USE [WWW.ROADWAY.COM](http://WWW.ROADWAY.COM) OR THE ROADWAY  
 VOICE RESPONSE SYSTEM FOR TRACING,  
 ROUTING, RATES AND CLAIM INQUIRIES, AND THE  
 LATEST ROADWAY NEWS.

**CALL 1-800-ROADWAY**  
**(1-800-762-3929)**

DATE \_\_\_\_\_ PRO. NO. \_\_\_\_\_

B/L NO. \_\_\_\_\_ PAGE \_\_\_\_\_

<b>SHIPPER NO.</b>		<b>TRAILER NO.</b>	
<b>SHIPPER NAME</b>			
<b>ADDRESS</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
<b>ORIGIN CITY (IF DIFFERENT THAN ABOVE)</b>	<b>STATE</b>	<b>ZIP CODE</b>	

<b>CONSIGNEE NAME AND ADDRESS</b>		
<b>DESTINATION CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>PHONE NO.</b>		

<b>INVOICEE</b>		
<b>ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>ATTN.</b>		

<b>CUSTOMER NO.</b>	<b>STORE NO.</b>	<b>DEPT.</b>
<b>P.O. NO.</b>		
<b>SPECIAL INSTRUCTIONS</b>		

<b>COD FEE</b> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>	<b>COD AMT \$</b>	<b>CUSTOMER CHECK OK FOR COD AMOUNT?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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NO. SHPNG UNITS	KIND OF PKG	H/M	DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS	NMFC ITEM NO.	CLASS	WEIGHT (LB) SUBJ. TO CORR.	RATE	CHARGES CARRIER USE ONLY

<b>HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:</b>	<b>FREIGHT CHARGES ARE:</b> <input type="checkbox"/> COLLECT <input type="checkbox"/> PREPAID	<b>TOTAL CHARGES \$</b>
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NOTE (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_."

**NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. § 14706 (c)(1)(A) and (B).**

NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 360.

If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:  
 The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

Signature of consignor \_\_\_\_\_

RECEIVED, subject to individually determined rates or written contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to rates, classifications and rules that have been established by the carrier and are available to the shipper, on request.

The property described above is in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined, as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry its usual place of delivery of said destination, if on its route, otherwise to deliver to another carrier on the route to said destination.

It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled/placarded and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

<b>SHIPPER COMPANY NAME</b>	<b>CARRIER</b> <b>ROADWAY EXPRESS, INC.</b>	<b>DATE</b>	<b>Trailer Loaded by:</b> <input type="checkbox"/> Shipper <input type="checkbox"/> Driver
<b>SHIPPER SIGNATURE</b>	<b>ROADWAY EMPLOYEE SIGNATURE</b>	<b>H/U RECEIVED</b>	<b>Freight Counted by:</b> <input type="checkbox"/> Shipper <input type="checkbox"/> Driver: pallets said to contain <input type="checkbox"/> Driver: loose pieces <input type="checkbox"/> Driver: pallets containing

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CONSIGNEE NAME AND ADDRESS		
DESTINATION CITY	STATE	ZIP CODE
PHONE NO.		

INVOICEE		
ADDRESS		
CITY	STATE	ZIP CODE
ATTN.		

CUSTOMER NO.	STORE NO.	DEPT.
P.O. NO.		
SPECIAL INSTRUCTIONS		

**COD FEE** PREPAID  COLLECT  **COD AMT \$** \_\_\_\_\_ **CUSTOMER CHECK OK FOR COD AMOUNT?** YES  NO

NO. SHPNG UNITS	KIND OF PKG	H/M	DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS	NMFC ITEM NO.	CLASS	WEIGHT (LB) SUBJ. TO CORR.	RATE	CHARGES CARRIER USE ONLY

**HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:** \_\_\_\_\_ **FREIGHT CHARGES ARE:**  COLLECT  PREPAID **TOTAL CHARGES \$** \_\_\_\_\_

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